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PTO/SB/05 (2/98)

Approved for use through 09/30/2000, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) Inside this box ->

Attorney Docket No. PC11028AJAK First Named Inventor or Application Identifier L. Kathym Durham Title Methods, Compositions and Kits Relating to Cardiovascular Dise

Express Mail Label No. EL911725810US (Only for new nonprovisional applications under 37C.F.R. §1.53(b). Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. *Fee Transmittal Form (e.g., PTO/SB/17) 6. Microfiche Computer Program (Appendix) Submit an original, and a duplicate for fee processing) 7. Nucleotide and/or Amino Acid Sequence Submission Specification **ITotal Pages** (if applicable, all necessary) (preferred arrangement set forth below) Descriptive title of the Invention Computer Readable Copy Cross References to Related Applications b. Paper Copy (identical to computer copy) Statement Regarding Fed sponsored R&D Reference in Microfiche Appendix Statement verifying identity of above copies Background of the Invention **ACCOMPANYING APPLICATION PARTS** Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) Brief Description of the Drawings (if filed) **Detailed Description** 9. 37 C.F.R. §3.73(b) Statement Power of Attorney Claim(s) (when there is an assignee) Abstract of the Disclosure 10. English Translation Document (if applicable) 11. Information Disclosure Copies of IDS Drawing(s) (35 U.S.C. 11.3)[Total sheets Statement (IDS)/PTO-1449 Citations Oath or Declaration [Total pages 12. **Preliminary Amendment** ŗ a. Newly executed (original or copy) 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Copy from a prior application (37 CFR §1.63(d)) *Small Entity Statement filed in prior application, (for continuation/divisional with Box 17 completed) Statement(s) Status still proper and desired Ü [Note Box 5 below] (PTO/SB/09-12) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). 5. Incorporation By Reference (useable if Box 4b Is checked) Other: **Priority Claim** The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IP ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-In-part (CIP) of prior application No: Prior application information: Examiner Group/Art Unit: 18. CORRESPONDENCE ADDRESS (Insert Customer No. or Attach bar code label here) Customer Number or Bar Code Label Correspondence address below Name Gregg C. Benson Address Pfizer Inc. **Address** Patent Department, MS 4159, Eastern Point Road State Zip Code 08340 Country United States Of America Telephone 1-(860)-441-4901 Fax 1-(860)-441-5221

NAME (Print/type) Jengifer A. Kispert 40,049 Registration No. (Attorney/Agent) Signature

UTILITY TRANSMITTAL PTO SB 05, 9/99, (1/1)





PTO/SB/17(2/98)
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	Complete If Known					
FEE TRANSMITTAL	Applicat	ion Nu	mber		To be assigned	
		ate			Herewith	
Petent fees are subject to annual revision on October 1. These are the lees effective October 1,. 2001.	First Nar	med In	ventor		L. Kathym Durham	
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				To be assigned	
See 37 C.F.R. §§ 1.27 and 1.28.	Group/Art Unit				To be assigned	
Total Amount of Payment (\$)1,382.00	Attorney Docket No.				PC11028AJAK	
METHOD OF PAYMENT (check one)				FEE CA	LCULATION (continued)	=
1. The commissioner is hereby authorized to charge	3. ADDITI	ONAL F	EES			
Indicated fees and credit any over payments to:	Large Er	ntity	Small	Entity		
Deposit Account Number	Fee Code	Fee (\$)	Fee Code	F96 (\$)	Fee Description Fee Paid	
	l					
Deposit Account Name	105	130	205	65	Surcharge – late fee or oath	
☐ Charge the Issue Fee Set in	127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
37 Fee Required Under 37 C.F.R. § 1.1.8 at the Malling C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.	139	130	139	130	Non-English specification	
3 1.1.0 Ella 1.11.	147	2,520	147	2,520	For filling a request for reexamination	
2 Payment Enclosed:	112	9201	112	920*	Requesting publication of SIR prior to	
Check Money Order Other	113	1,840*	113	1,840*	Examiner action Requesting publication of SIR after Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	1
1 BASIC FILING FEE	116	400	216	200	Extension for reply within second month	
N .	117	920	217	460	Extension for reply within third month	
Carue Entity Small Entity Per Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	118	1,440	218	720	Extension for reply within fourth month	
101 740 201 370 Utility filing fee 740.00	128	1,960	228	980	Extension for reply within fifth month	
108 330 208 185 Design filing fee	119	320	219	160	Notice of Appeal	
101 510 207 255 Plant filling fee	120	320	220	160	Filling a brief in support of an appeal	
108 740 208 370 Relssue filing fee	121	280	221	140	Request for oral hearing	
144 160 214 80 Provisional filling fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 740.00	140	110	240	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES	141	1,280	241	640	Petition to revive - unintentional	
Extra Fee from . Claims below Fee Paid	142	1,280	242	640	Utility issue fee (or relssue)	
Total Claims 37 -20**= 17 X 18.00 = 306.00	143	460	243	230	Design issue fee	
Independent 7 - 3**= 4 X 84.00 = 336.00	144	620	244	310	Plant issue fee	
Multiple Dependent	122	130	122	130	Petitions to the Commissioner	
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	123	50	123	50	Petitions related to provisional applications	
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	180	126	180	Submission of Information Disclosure Statement	
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent assignment per	
102 84 202 42 Independent claims in excess of 3	146	740	248	370	property (times number of properties) Filing a submission after final rejection (37 CFR 1.129(a))	
104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
109 84 209 42 **Reissue independent claims over original patent	Other Fee (specify)					
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other Fee (specify)					
SUBTOTAL (2) (\$) 642.00	*Reduced	by Basic	Filing Fe	e Paid	SUBTOTAL (3) (\$) 0	
SUBMITTED BY					Complete (if Applicable)	
Type or Printed Name Jennifer A. Kispert					Reg. Number 40,049	
Signature	Date		2 21		Deposit Account 18-1445	- 1